

~~PATENT NUMBER~~

## U.S. UTILITY Patent Application

**O.I.P.E.**

PATENT DATE

SCANNED

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| APPLICATION NO.<br>02/871112 | CONT/PRIOR<br>- | CLASS<br><del>35</del><br>3512 | SUBCLASS<br><del>01</del><br>0108 | ART UNIT<br><del>28</del><br>2834 | EXAMINER<br><del>Peter G</del><br>Peter G |
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## APPLICANTS

**TITLE**

PTO-2040  
12/99

## ISSUING CLASSIFICATION

| <b>ISSUING CLASSIFICATION</b>       |                 |  |  |                           |  |  |  |  |
|-------------------------------------|-----------------|--|--|---------------------------|--|--|--|--|
| <b>ORIGINAL</b>                     |                 |  |  | <b>CROSS REFERENCE(S)</b> |  |  |  |  |
| <b>CLASS</b>                        | <b>SUBCLASS</b> |  |  | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |
|                                     |                 |  |  |                           |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |                 |  |  |                           |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                    |             | <b>CLAIMS ALLOWED</b>                                       |              |
|   | Sheets Drwg.                       | Figs. Drwg. | Print Fig.  | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____ (Assistant Examiner)         |             | <b>NOTICE OF ALLOWANCE MAILED</b><br><br>_____<br><br>_____ |              |
|   | _____ (Primary Examiner)           |             | <b>ISSUE FEE</b>  |              |
|   | _____ (Date)                       |             | Amount Due  | Date Paid    |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed.   | _____ (Legal Instruments Examiner) |             | <b>ISSUE BATCH NUMBER</b><br><br>_____                      |              |
|   | _____ (Date)                       |             |   |              |

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